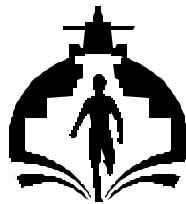
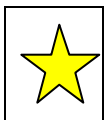


# NAVY ENVIRONMENTAL HEALTH CENTER Year 2002 AWARD FOR COMMAND EXCELLENCE IN HEALTH PROMOTION



*The Navy Environmental Health Center Award for Command Excellence in Health Promotion, established in 1995, recognizes commands for their excellence in Navy Health Promotion and Marine Corps Semper Fit Programs. Non-competitive Awards for Command Excellence in Health Promotion are presented on three levels, including Gold (highest level), Silver (intermediate level) and Bronze (lowest level). Commands submit an award package that reflects the level of development of their command's Health Promotion Program. All commands with Navy Health Promotion or Marine Corps Semper Fit Programs are eligible for this award.*

The NEHC Awards for Command Excellence in Health Promotion are:



**Gold Star Award**



**Silver Eagle Award**



**Bronze Anchor Award**

**Navy Environmental Health Center (NEHC) Award for Command Excellence  
in Health Promotion  
Year 2002  
Award Nomination Instructions**

The NEHC Award for Command Excellence in Health Promotion recognizes those Navy and Marine Corps commands that exemplify excellence in Navy and Marine Corps Health Promotion. All commands with Navy Health Promotion or Marine Corps Semper Fit Programs are eligible for this non-competitive award.

**The award package submitted should reflect programs and activities for the time period of 1 January 2001 through 31 December 2001 (except Reserve units, with a reporting period of 24 months, from 1 January 2000 through 31 December 2001).**

**Award packages must be postmarked no later than 1 March 2002. No award package postmarked after this date will be accepted. Command Excellence in Health Promotion Awards will be announced and awarded in May 2002.**

Commands submitting an award package should complete the following steps:

- 1) Complete the Cover Sheet and submit with the award package.
- 2) Review the required criteria for each award level (gold, silver and bronze) and determine which level the command will apply for. Commands submitting an award package for the Gold Award may be visited by members of the NEHC Award for Command Excellence in Health Promotion Review Committee. Commands receiving the Bronze Award one year may apply for the Bronze Award the following year, but only if an explanation is given in the Summary Statement section of the award package describing the reason(s) for the delay in program growth and development from the Bronze Award level to the Silver or Gold Award level. Some criteria apply only to Medical Treatment Facilities (MTFs) or Dental Treatment Facilities (DTFs) and may not apply to your command. If you are not an MTF or DTF (such as a ship or Reserve unit or command) please write in N/A (Not Applicable) in the box to the left of any criteria listed that does not apply to your command. **All other criteria *must be met* to submit a package for the award level your command is applying for.**
- 3) Organize your package so that submitted materials can be easily identified. This is best accomplished by submitting the package in a 3-ring binder, in the following order:
  - a) **Cover Letter** signed by the command's Commanding Officer/Officer in Charge.
  - b) **Cover Sheet**
  - c) **Checklist of Required Criteria** appropriate for the award level being applied for, with each required criteria marked either with a ✓ or N/A, indicating that each criteria has been addressed and submitted or does not apply to the command submitting the package.
  - d) **Table of Content**, corresponding to, and listed in the same order as each item listed on the Checklist of Required Criteria.
  - e) Behind the Table of Content, separate each required criteria (except those marked N/A) by a tab and list the tab where each required criteria could be found in the Table of Content. Submit **evidence of compliance (documentation)** for each required criteria behind each appropriate tab.

- 4) Submit the completed award package to:  
Navy Environmental Health Center  
ATTENTION: CAPT Debbie McKay, NC, USN  
Director, Health Promotion and Population Health Directorate  
2510 Walmer Avenue  
Norfolk, Virginia 23513-2617

For additional information please contact Sally Vickers, Program Manager, NEHC at E-MAIL:  
[vickerss@nehc.med.navy.mil](mailto:vickerss@nehc.med.navy.mil) or call (757) 462-5571 (DSN 253).

**Navy Environmental Health Center (NEHC) Award for Command Excellence  
in Health Promotion  
Year 2002  
Cover Sheet**

Please fill out the items below and attach to the front of your command's award package. This information will be crucial if it becomes necessary to contact your command for additional information or clarification regarding your submission.

1. Name of Command: \_\_\_\_\_
2. Commanding Officer/Officer in Charge (Name & Rank):  
\_\_\_\_\_
3. Command Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Command Phone #: (Commercial) \_\_\_\_\_ (DSN) \_\_\_\_\_
5. Command FAX #: \_\_\_\_\_
6. For Further Information Contact:
  - a. Name: \_\_\_\_\_
  - b. Rate/Rank (if military): \_\_\_\_\_
  - c. Title: \_\_\_\_\_
  - d. Department/Division: \_\_\_\_\_
  - e. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - f. Phone #: (Commercial) \_\_\_\_\_ (DSN) \_\_\_\_\_
  - g. FAX #: \_\_\_\_\_
  - h. E-MAIL: \_\_\_\_\_
7. Total Eligible Target Group Population for Command Health Promotion Program:  
(Please include all targeted beneficiaries who are eligible for your Health Promotion programs and activities).  
Active-duty Military: \_\_\_\_\_  
DoD Civilian Staff: \_\_\_\_\_  
Retirees: \_\_\_\_\_  
Others Beneficiaries: \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

(Continued)

8. Upon the completion of the review process, do you want your award package returned?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Award Level applied for: \_\_\_\_\_ Gold      \_\_\_\_\_ Silver      \_\_\_\_\_ Bronze
10. Please PRINT VERY CLEARLY, the exact title of your command, as you would like to have it printed on your award certificate:

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# ***GOLD STAR AWARD***

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## **Checklist of Required Criteria**

- ☐ **Top leadership support and commitment** as evidenced by cover letter from Commanding Officer/Officer in Charge submitted; and leadership participation in word and deed, as evidenced by submitted cover letter and/or articles from command newsletter.
- ☐ **Command strategic plan** present having Health Promotion, wellness, or prevention as a major focus or goal, demonstrating the relationship of Health Promotion and Prevention activities to Medical Health Services (MHS) Optimization and Population Health Improvement Initiatives, as evidenced by submitted copy of command strategic plan. (MTF/DTF only)
- ☐ **Command Health Promotion Instruction/SOP present**- as evidenced by copy of instructions submitted.
- ☐ **Plan for Clinical Preventive Services** (screening, immunizations, risk counseling) exists at the Primary Care Level, as evidenced by inclusion in Command Health Promotion Instruction/SOP or in a separate document. (MTF/DTF only)
- ☐ **Health Promotion visible in organizational structure** as a separate department/directorate as evidenced by copy of command organizational chart submitted (MTF/DTF only)

### **Health Promotion Program Resources & Support Requirement-**

- ☐ **Health Promotion Staffing Requirement:** 1 Full Time Equivalent (FTE)/1,000 Total Eligible Target Group Population, as evidenced by statement of staffing pattern at command committed to the Health Promotion Program.
  - (1) Total Eligible Target Group Population for Command Health Promotion Program (from # 7 on award package Cover Sheet)
  - (2) Please list the command staff positions (full and part-time or collateral) and percent (%) of time committed for each position to the command's Health Promotion Program. Add all staff position time to get the total FTEs.
  - (3) Please calculate the ratio of FTE/Eligible Target Group Population using the two figures above.
- ☐ **Monetary Resources:** \$20.00 or greater /Eligible Target Group Participant, as evidenced by submission of list of program resources and sources of support.

(1) Total Eligible Target Group Population for Command Health Promotion Program (from # 7 on award package Cover Sheet)

(2) Please list sources of funding, such as the command's OPTAR, OMNI Preventive Care (Health Promotion OPTAR), Prevention Initiative Funding, Staff Salary and Benefits (including active-duty and others with total or partial responsibility for the Health Promotion Program), Breast Health Initiative Funding, etc. Also list monetary equivalents for other sources of support, such as "in kind" support (i.e. MWR contributions, volunteer equivalent salary, etc.).

(3) Please calculate the ratio of Health Promotion Program Resources and Support Equivalent/Eligible Target Group Participant using the two figures above.

☐ **Partnerships and Coordination with other DoD Commands/Community Agencies**  
Please describe how you have partnered with other DoD Commands (MWR, Family Services Centers, local MTFs and Branch Medical Clinics, Naval and Marine Corps Reserves, Marine Corps Community Services, etc.) and community agencies in your area to share resources and expand the effectiveness of your command Health Promotion Program.

☐ **Needs assessment process completed within the past three years**, as evidenced by a description of the needs assessment process used and summary of the process. There are many sources of information that can be used to determine the needs and interest of a population. Please describe the process that was used to determine the needs and interests of your Total Eligible Target Group Population. The description should include the following:

- a) What methods and sources of data (surveys, focus groups, interviews, HRA/HEAR data, medical records data, PRT/PRIMS data, Population Health Navigator Tool data, etc.) were used to determine the needs and interests of your Total Eligible Target Group Population?
- b) What conclusions did you draw from the process?
- c) To whom and how were the results reported?
- d) How were the results used to develop your program?
- e) What are the plans to repeat or continue the needs assessment process?

**Comprehensive Business Plan developed and submitted**, including the following components:

☐ a) **Mission Statement for Health Promotion Program** identifies a clear purpose for the program and is the basis for planning and decision making (i.e. To promote healthy lifestyles, enhance readiness and improve quality of life).

☐ b) **Needs/Rationale Statement** based upon results of the command needs assessment.

☐ c) **Goal Statements with specific, measurable process and outcome objectives** under each goal. Definition and examples of each:

**Goal Statement**- general, non-measurable statement about the expectations of the program (i.e. To decrease tobacco use at the command).

**Specific, measurable objectives** are written in the following format: By (when), (who) will (do what) as evidenced by (how will you know).

**Process objectives**-states what strategy or activity must occur for the desired outcome to be achieved, useful in revising and improving program activities, such as participation rates or participant satisfaction (i.e. By Sept. 30, 2001 at least 75 percent (75%) of the target group will have completed an HRA, as evidenced by the HRA group report).

**Outcome objectives**-state the expected change in the target group's knowledge, attitude, behavior, status or culture that will result from implementing a Health Promotion Program, such as decreased number of target group members using tobacco (i.e. by Sept. 30, 2001 no more than 10 percent (10%) of the target group will report using tobacco products, as evidenced by annual command survey).

\* While both process and outcome objectives are important to implementing effective Health Promotion Programs and both should be included in a Comprehensive Business Plan, more focus should be given to developing measurable Outcome Objectives that are based upon data obtained from the command needs assessment.

☐ d) **Evaluation Plan**- how, when and who will evaluate whether or not the command reached the measurable objectives.

The Evaluation Plan may be presented in a table format, such as the following:

Objective	How/ Source of Data	When	Who Is Responsible?	Progress in Reaching Objectives
By Sept. 30, 2001 at least 75 percent (75%) of the target group will have completed an HRA, as evidenced by the HRA group report).	Provide HRAs and run Group Reports	Sept. 30, 2001	Command HP Program Coordinator	As of 30 Sept. 59% of target group had completed HRA.
By Sept. 30, 2001 no more than 10% of the target group will report using tobacco products, as evidenced by annual command survey.	Conduct annual command survey and analyze group results	Sept. 30, 2001	Command Tobacco Cessation Coordinator	Annual command survey indicated 8% of target group reported using tobacco products.

**Report on progress made toward reaching each objective in the last column.**

☐ e) **Strategies**, meaning programs, activities and services used to reach each measurable objective.

Activities, programs and services must focus on the Navy Health Promotion Priority Areas and Special Initiatives (physical fitness, injury prevention, nutrition, weight management, alcohol and other drug abuse prevention, tobacco cessation, stress management, suicide prevention, hypertension control, Sexual Health & Responsibility Program (SHARP), Clinical Preventive

Services (MTFs & DTFs only)). The strategies and focus areas selected should be directly linked to the needs and interests identified in the needs assessment process, without a duplication of those activities, programs and services already being provided through other DoD or community resources that are accessible to your target group.

These strategies should have been organized into an **Annual Calendar of Health Promotion Activities, Programs and Services** planned on a monthly or quarterly basis, using the following "wave" of programming levels within a twelve (12) month period. **For reserve units only**, the reported strategies may cover a period of 24 months, from 1 January 2000 through 31 December 2001. Describe the activities, programs, and services your program provided to meet the programming requirements listed below:

**Seven** (7) awareness activities (i.e. posters, booklets, pamphlets, newsletters, E-mail, POD notes, environmental or command cultural changes)

**Five** (5) education & motivation programs or activities (i.e. resource library, displays, screenings, videos, films, seminars, support groups, challenges, Internet access *and*

**Three** (3) intervention programs (i.e. courses, individual counseling/case management)

For the three intervention level programs, please include the program protocol or Standard Operating Procedure (SOP), the program flow sheet for referral into the program (if applicable) and the evaluation data that shows the extent to which the program's process and outcome objectives were met.

**\*In addition, the Prochaska and DiClemente Stages of Change** model must be used to identify readiness to change with at least one Intervention Level program. Please indicate the program with which the Stages of Change model was used.

Submit copies of flyers, summary reports, newsletter or newspaper articles, photos or other materials pertaining to each activity, program or service the command offered to show evidence of compliance with this criterion.

☐ **Marketing Activities:** Describe your plan for promoting your activities, programs and services to your target group. Include copies of flyers, newsletter and newspaper articles, pictures, POD Notes, closed circuit TV script, IMC announcements etc. that show evidence of compliance with this criterion.

☐ **Functioning Command Health Promotion Committee** exists with a membership comprised of representatives of departments and/or divisions throughout the command, as evidenced by the submission of at least three (3) sets of minutes from meetings held during the previous year and a roster of committee members and the department/division each represents. MTFs may have a joint Health Promotion and Prevention Committee or a Population Health subcommittee.

☐ **Health Promotion Training:** Command Health Promotion Coordinator or Officer must have attended and obtained certification through the NEHC Health Promotion Director Course. (If the individual has left the command, no more than 12 months should have lapsed since the individual's departure and the date that a new individual from the command has attended the course). Submit copy of "Certified Health Promotion Director" certificate as proof of compliance with this criterion.

☐ **Also,** one or more crew or staff members must have had additional Health Promotion training (e.g. Health Promotion Basics Course, Health Promotion at the Deckplates Course, NEHC Health Promotion Conference, Health Promotion from the Mess Decks, SHARP Navy and USMC HIV Policy Course, SHARP Sexual Health Primer Course, SHARP HIV-AIDS Facts Quiz, SHARP HIV-STD Prevention Counseling Course, or SHARP Sexual Risk Assessment and Intervention Lecture, etc.). Submit copy of CEU or Attendance Certificate as proof of compliance with this criterion.

☐ **Summary Statement:** If your command submitted an award package last year, please explain how the command has addressed any suggestions that were offered from the review committee members regarding last year's submission. Also, explain how your program has grown and improved since last year at this time.



# ***SILVER EAGLE AWARD***



## **Checklist of Required Criteria**

- ☐ **Top leadership support and commitment** as evidenced by cover letter from Commanding Officer/Officer in Charge submitted; and leadership participation in word and deed, as evidenced by submitted cover letter and/or articles from command newsletter.
- ☐ **Command strategic plan** present having Health Promotion, wellness, or prevention as a major focus or goal, demonstrating the relationship of Health Promotion and Prevention activities to Medical Health Services (MHS) Optimization and Population Health Improvement Initiatives, as evidenced by submitted copy of command strategic plan (MTF/DTF only).
- ☐ **Command Health Promotion Instruction/SOP present**- as evidenced by copy of instruction submitted.
- ☐ **Plan for Clinical Preventive Services** (screening, immunizations, risk counseling) exists at the Primary Care Level, as evidenced by inclusion in Command Health Promotion Instruction/SOP or in a separate document. (MTF/DTF only)
- ☐ **Health Promotion visible in organizational structure as a separate department/directorate** as evidenced by copy of command organizational chart submitted (MTF/DTF only).

### **Health Promotion Program Resources & Support Requirement-**

- ☐ **Health Promotion Staffing Requirement:** 1 Full Time Equivalent (FTE)/5,000 Total Eligible Target Group Population, as evidenced by statement of staffing pattern at command committed to the Health Promotion Program.
  - (1) Total Eligible Target Group Population for Command Health Promotion Program (from # 7 on award package Cover Sheet)
  - (2) Please list the command staff positions (full and part-time or collateral) and percent (%) of time committed for each position to the command's Health Promotion Program. Add all staff position time to get the total FTEs.
  - (3) Please calculate the ratio of FTE/Eligible Target Group Population using the two figures above.
- ☐ **Monetary Resources:** \$6.00 - \$19.00 or greater /Eligible Target Group Participant, as evidenced by submission of list of program resources and sources of support.
  - (1) Total Eligible Target Group Population for Command Health Promotion Program (from # 7 on award package Cover Sheet)

(2) Please list sources of funding, such as the command's OPTAR, Staff Salary and Benefits (including active-duty and others with total or partial responsibility for the Health Promotion Program), OMNI Preventive Care (Health Promotion OPTAR), Prevention Initiative Funding, Breast Health Initiative Funding, etc. Also list monetary equivalents for other sources of support, such as "in kind" support (i.e. MWR contributions, volunteer equivalent salary, etc.).

(3) Please calculate the ratio of Health Promotion Program Resources and Support Equivalent/Eligible Target Group Participant using the two figures above.

☐ **Partnerships and Coordination with other DoD Commands/Community Agencies**  
Please describe how your command has partnered with other DoD Commands (MWR, Family Services Centers, local MTFs and Branch Medical Clinics, Naval and Marine Corps Reserves, Marine Corps Community Services, etc.) and community agencies in your area to share resources and expand the effectiveness of your command's Health Promotion Program.

☐ **Needs assessment process completed within the past three years**, as evidenced by a description of the needs assessment process used and summary of the process. There are many sources of information that can be used to determine the needs and interest of a population. Please describe the process that was used to determine the needs and interests of your Total Eligible Target Group Population. The description should include the following:

- a) What methods and sources of data (surveys, focus groups, interviews, HRA/HEAR data, medical records data, PRT/PRIMS data, Population Health Navigator Tool data, etc.) were used to determine the needs and interests of your Total Eligible Target Group Population?
- b) What conclusions did you draw from the process?
- c) To whom and how were the results reported?
- d) How were the results used to develop your program?
- e) What are the plans to repeat or continue the needs assessment process?

**Comprehensive Business Plan** developed and submitted, including the following components:

- ☐ a) **Mission Statement for Health Promotion Program**- identifies a clear purpose for the program and is the basis for planning and decision making (i.e. To promote healthy lifestyles, enhance readiness and improve quality of life).
- ☐ b) **Needs/Rationale Statement** based upon results of the command needs assessment.
- ☐ c) **Goal Statements with specific, measurable process and outcome objectives** under each goal. Definition and examples of each:

**Goal Statement**- general, non-measurable statement about the expectations of the program (i.e. To decrease tobacco use at the command).

**Specific, measurable objectives** are written in the following format:  
By (when), (who) will (do what) as evidenced by (how will you know)

**Process objectives**-states what strategy or activity must occur for the desired outcome to be achieved, useful in revising and improving program activities, such as participation rates or

participant satisfaction (i.e. By Sept. 30, 2001 at least 50 percent (50%) of the target group will have completed an HRA, as evidenced by the HRA group report).

**Outcome objectives**-state the expected change in the target group's knowledge, attitude, behavior, status or culture that will result from implementing a Health Promotion Program, such as decreased number of target group members using tobacco (i.e. by Sept. 30, 2001 no more than 10 percent (10%) of the target group will report using tobacco products).

\* While both process and outcome objectives are important to implementing effective Health Promotion Programs and both should be included in a Comprehensive Business Plan, more focus should be given to developing measurable Outcome Objectives that are based upon data obtained from the command needs assessment.

- ☐ d) **Evaluation Plan**- how, when and who will evaluate whether or not the command reached the measurable objectives.

The Evaluation Plan may be presented in a table format, such as the following:

Objective	How/ Source of Data	When	Who Is Responsible?	Progress in Reaching Objectives
By Sept. 30, 2001 at least 75 percent (75%) of the target group will have completed an HRA, as evidenced by the HRA group report).	Provide HRAs and run Group Reports	Sept. 30, 2001	Command HP Program Coordinator	As of 30 Sept. 59% of target group had completed HRA.
By Sept. 30, 2001 no more than 10% of the target group will report using tobacco products, as evidenced by annual command survey.	Conduct annual command survey and analyze group results	Sept. 30, 2001	Command Tobacco Cessation Coordinator	Annual command survey indicated 8% of target group reported using tobacco products.

**Report on progress made toward reaching each objective in the last column.**

- ☐ e) **Strategies**, meaning programs, activities and services used to reach each measurable objective.

Activities, programs and services must focus on the Navy Health Promotion Priority Areas and Special Initiatives (physical fitness, injury prevention, nutrition, weight management, alcohol and other drug abuse prevention, tobacco cessation, stress management, suicide prevention, hypertension control, Sexual Health & Responsibility Program (SHARP), Clinical Preventive Services (MTFs & DTFs only)). The strategies and focus areas selected should be directly linked to the needs and interests identified in the needs assessment process, without a duplication of those activities, programs and services already being provided through other DoD or community resources that are accessible to your target group.

These strategies should have been organized into an **Annual Calendar of Health Promotion Activities, Programs and Services** planned on a monthly or quarterly basis, using the following "wave" of programming levels within a twelve (12) month period. **For reserve units only**, the

reported strategies may cover a period of 24 months, from 1 January 2000 through 31 December 2001. Describe the activities, programs, and services your command provided to meet the programming requirements listed below:

**Seven** (7) awareness activities (i.e. posters, booklets, pamphlets, newsletters, E-mail, POD notes, environmental or command cultural changes)

**Three** (3) education & motivation programs or activities (i.e. resource library, displays, screenings, videos, films, seminars, support groups, challenges, Internet access *and*

**Two** (2) intervention programs (i.e. courses, individual counseling/case management).

For the two intervention level programs, please include the program protocol or Standard Operating Procedure (SOP), the program flow sheet for referral into the program (if applicable) and the evaluation data that shows the extent to which the program's process and outcome objectives were met.

**\* In addition, the Prochaska and DiClemente Stages of Change** model must be used to identify readiness to change with at least one Intervention Level program. Please indicate the program with which the Stages of Change model was used.

Submit copies of flyers, summary reports, newsletter or newspaper articles, photos or other materials pertaining to each activity, program or service the command offered to show evidence of compliance with this criterion.

☐ **Marketing Activities:** Describe your plan for promoting your activities, programs and services to your target group. Include copies of flyers, newsletter and newspaper articles, pictures, POD Notes, closed circuit TV script, 1MC announcements etc. that show evidence of compliance with this criterion.

☐ **Functioning Command Health Promotion Committee** exists with a membership comprised of representatives of departments and/or divisions throughout the command, as evidenced by the submission of at least three (3) sets of minutes from meetings held during the previous year and a roster of committee members and the department/division each represents. MTFs may have a joint Health Promotion and Prevention Committee or a Population Health subcommittee.

☐ **Health Promotion Training:** Command Health Promotion Coordinator or Officer must have attended and obtained certification through the NEHC Health Promotion Director Course. (If this individual has left the command, no more than 12 months should have lapsed since the departure and the date that a new individual from the command has attended the course). Submit copy of "Certified Health Promotion Director" certificate as proof of compliance with this criterion.

☐ **Also,** one or more crewmembers must have had additional Health Promotion training (e.g. NEHC Health Promotion Conference, Health Promotion Basics Course, Health Promotion at the Deckplates Course, Health Promotion from the Mess Decks, SHARP Navy and USMC HIV Policy Course, SHARP Sexual Health Primer Course, SHARP HIV-AIDS Facts Quiz, SHARP HIV-STD Prevention Counseling Course, or SHARP Sexual Risk Assessment and Intervention Lecture, etc.). Submit copy of CEU or Attendance Certificate as proof of compliance with this criterion.

- ☐ **Summary Statement:** If your command submitted an award package last year, please explain how the command has addressed any suggestions that were offered from the review committee members regarding last year's submission. Also, explain how your program has grown and improved since last year at this time.



# ***BRONZE ANCHOR AWARD***

## **Checklist of Required Criteria**

\* In an effort to recognize commands that support program growth, commands receiving the Bronze Award one year may apply for the Bronze Award the following year, but only if an explanation is given in the Summary Statement section of the awards package describing the reason(s) for the delay in program growth and development from the Bronze Award level to the Silver or Gold Award level.

- ☐ **Top leadership support and commitment** as evidenced by cover letter from Commanding Officer/Officer in Charge submitted; and leadership participation in word and deed, as evidenced by submitted cover letter and/or articles from command newsletter.
- ☐ **Command Health Promotion Instruction/SOP present-** as evidenced by copy of instruction submitted.
- ☐ **Plan for Clinical Preventive Services** (screening, immunizations, risk counseling) exists at the Primary Care Level, as evidenced by inclusion in Command Health Promotion Instruction/SOP or in a separate document. (MTF/DTF only)

### **Health Promotion Program Resources & Support Requirement-**

- ☐ **Health Promotion Staffing Requirement:** 1 Full Time Equivalent (FTE)/ 10,000 Total Eligible Target Group Population, as evidenced by statement of staffing pattern at command committed to the Health Promotion Program.

(1) Total Eligible Target Group Population for Command Health Promotion Program (from # 7 on award package Cover Sheet)

(2) Please list the command staff positions (full and part-time or collateral) and percent (%) of time committed for each position to the command's Health Promotion Program. Add all staff position time to get the total FTEs.

(3) Please calculate the ratio of FTE/Eligible Target Group Population using the two figures above.

- ☐ **Monetary Resources:** \$5.00 or less /Eligible Target Group Participant, as evidenced by submission of list of program resources and sources of support.

(1) Total Eligible Target Group Population for Command Health Promotion Program (from # 7 on award package Cover Sheet)

(2) Please list sources of funding, such as the command's OPTAR, Staff Salary and Benefits (including active-duty and others with total or partial responsibility for the Health Promotion Program), OMNI Preventive Care (Health Promotion OPTAR), Prevention Initiative Funding, Breast Health Initiative Funding, etc. Also list monetary equivalents for other sources of support, such as "in kind" support (i.e. MWR contributions, volunteer equivalent salary, etc.).

(3) Please calculate the ratio of Health Promotion Program Resources and Support Equivalent/Eligible Target Group Participant using the two figures above.

☐ **Needs assessment process completed**, as evidenced by a description of the needs assessment process used and summary of the process. There are many sources of information that can be used to determine the needs of a population. Please describe the process that was used to determine the needs and interests of your Total Eligible Target Group Population. The description should include the following:

- a) What methods and sources of data (surveys, focus groups, interviews, HRA/HEAR data, medical records data, PRT/ PRIMS data, Population Health Navigator Tool data, etc.) were used to determine the needs and interests of your Total Eligible Target Group Population?
- b) What conclusions did you draw from the process?
- c) To whom and how were the results reported?
- d) How were the results used to develop your program?
- e) What are the plans to repeat or continue the needs assessment process?

**Comprehensive Business Plan** developed and submitted, including the following components:

☐ a) **Mission Statement for Health Promotion Program** identifies a clear purpose for the program and is the basis for planning and decision making, i.e. to promote healthy lifestyles, enhance readiness and improve quality of life.

☐ b) **Needs/Rationale Statement** based upon results of the command needs assessment.

☐ c) **Goal Statement(s) with specific, measurable process and outcome objectives** under each goal. Definition and examples of each:

**Goal Statement**- general, non-measurable statement about the expectations of the program (i.e. To decrease tobacco use at the command).

**Specific, measurable objectives** are written in the following format:

By (when), (who) will (do what) as evidenced by (how will you know)

**Process objectives**-states what strategy or activity must occur for the desired outcome to be achieved, useful in revising and improving program activities, such as participation rates or participant satisfaction (i.e. By Sept. 30, 2001 at least 50 percent (50%) of the target group will have completed an HRA, as evidenced by the HRA group report).

**Outcome objectives**-state the expected change in the target group's knowledge, attitude, behavior, status or culture that will result from implementing a Health Promotion Program, such

as decreased number of target group members using tobacco (i.e. by Sept. 30, 2001 no more than 10 percent (10%) of the target group will report using tobacco products).

\* While both process and outcome objectives are important to implementing effective Health Promotion Programs and both should be included in a Comprehensive Business Plan, more focus should be given to developing measurable Outcome Objectives that are based upon data obtained from the command needs assessment.

- ☐ d) **Evaluation Plan-** how, when and who will evaluate whether or not the command reached the measurable objectives.

The Evaluation Plan may be presented in a table format, such as the following:

Objective	How/ Source of Data	When	Who Is Responsible?
By Sept. 30, 2001 at least 75 percent (75%) of the target group will have completed an HRA, as evidenced by the HRA group report).	Provide HRAs and run Group Reports	Sept. 30, 2001	Command Health Promotion Program Coordinator
By Sept. 30, 2001 no more than 10% of the target group will report using tobacco products, as evidenced by annual command survey.	Conduct annual command survey and analyze group results	Sept. 30, 2001	Command Tobacco Cessation Coordinator

- ☐ e) **Strategies**, meaning programs, activities and services used to reach each measurable objective.

Activities, programs and services must focus on the Navy Health Promotion Priority Areas and Special Initiatives (physical fitness, injury prevention, nutrition, weight management, alcohol and other drug abuse prevention, tobacco cessation, stress management, suicide prevention, hypertension control, Sexual Health & Responsibility Program (SHARP), Clinical Preventive Services (MTFs & DTFs only)). The strategies and focus areas selected should be directly linked to the needs and interests identified in the needs assessment process, without a duplication of those activities, programs and services already being provided through other DoD or community resources that are accessible to your target group.

These strategies should be organized into an **Annual Calendar of Health Promotion Activities, Programs and Services** planned on a monthly or quarterly basis, using the following "wave" of programming levels within a twelve (12) month period. **For reserve units only**, the planned strategies may cover a period of twenty-four (24) months. Give examples of the activities, programs, and services your command **plans** to provide within twelve (12) months of completing the Health Promotion Program Business Plan, (**twenty-four (24) months for reserve units**) to meet the programming requirements listed below:

**Four** (4) awareness activities (i.e. posters, booklets, pamphlets, newsletters, E-mail, POD notes, environmental or command cultural changes)

**Three** (3) education & motivation programs or activities (i.e. resource library, displays, screenings, videos, films, seminars, support groups, challenges, Internet access *and* **One** (1) intervention programs (i.e. courses, individual counseling/case management)

- ☐ **Marketing Activities:** Describe your plan for promoting your activities, programs and services to your target group (i.e. flyers, newsletter and newspaper articles, pictures, POD Notes, closed circuit TV script, IMC announcements etc.).
- ☐ **Functioning Command Health Promotion Committee** exists with a membership comprised of representatives of departments and/or divisions throughout the command, as evidenced by the submission of at least three (3) sets of minutes from meetings held during the previous year and a roster of committee members and the department/division each represents. MTFs may have a joint Health Promotion and Prevention Committee or a Population Health subcommittee.
- ☐ **Health Promotion Training:** Command Health Promotion Coordinator or Officer or some other crewmember must have attended the NEHC Health Promotion Director Course or the Health Promotion Basics Course. (If this individual has left the command, no more than 12 months should have lapsed since the departure and the date that a new individual from the command has attended the training). Submit copy of CEU or Attendance Certificate as proof of attendance.
- ☐ **Summary Statement (Selective):** It is expected that if a command received the Bronze Award for the Year 2001 awards, the command would have moved forward into implementing the command's Health Promotion Program Business Plan initially developed to earn them the Bronze Award. If your command is applying for the Bronze Award for the second year in a row, please explain the circumstances that have prevented your command from further developing its Health Promotion Program to the Silver Eagle or Gold Star Award Level.